Name in Full: Mary Barnes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Taylors Island; County: Dorchester

Date of death: 1964 Month: Nov. Day: 25

Age: Years: 81 Months: Days:

Sex: Female

Color or Race: Caucasian

Birthplace: Md.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Robert Barnes

Father's Birthplace: Md

Mother's Maiden Name: Jemima Todd

Mother's Birthplace: Md

Name of person giving information: Chas. E. Slacum

How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Interstitial Nephritis

How long: 2 years

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Jos. K. Shriver Jr.

Address: Taylors Island Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Elsie Brimsfield

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Vienna — County: Dorchester

Date of death: 1904 Nov. 22 — Age: Years 7, Months —, Days —

Sex: Female — Color or Race: white — Birthplace: Brookview

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: William Brimsfield — Father's Birthplace: Brookview

Mother's Maiden Name: — Travers — Mother's Birthplace: Vienna

Name of person giving Information: R. J. Price — How related to deceased: not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: membranous croup — How long: 4 days

Immediate: asphyxia — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. J. Price

Address: Vienna

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Jas. L. Bryan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge — County: Dorchester

Date of death 190+ — Month: Jan. — Day: 6 — Age: Years: 80 — Months: 2 — Days: 12

Sex: Male — Color or Race: White — Birthplace: Cambridge Md.

Occupation: Minister — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: A. Amelia Pattison

Father's Name: Jas. Bryan — Father's Birthplace: Md.

Mother's Maiden Name: Emily Fredgett — Mother's Birthplace: Md.

Name of person giving In formation: Jennie Bryan — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility — How long:

Immediate: Congestion of lungs from Pneumonia — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. Stuart

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Edwin Cheesman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: East New Market — County: Dorchester

Date of death: Month: Nov — Day: 4 — 1904

Age: Years: 17 — Months: 3 — Days: 4

Sex: Male

Color or Race: White

Birthplace: E. N. Market

Occupation: Farmer

Where Residing if not at place of death: Home

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm T. Cheesman

Father's Birthplace: Dor. Co

Mother's Maiden Name: Emma Insley

Mother's Birthplace: Dor. Co

Name of person giving In formation: Wm F. Cheesman

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever — How long: 2 weeks

Immediate: Hemorrhage bowel — How long: 12 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Edward L Jones

Address: E. N. Market Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Emiline Collins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge — County: Dorchester

Date of death: Month: Nov. — Day: 27 — 1904

Age: Years: 57 — Months — Days

Sex: Female — Color or Race: White — Birthplace

Occupation: Nurse — Where Residing if not at place of death

Married, Single or Widowed: Widow — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: 113 — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gall stone — How long

Immediate: Hemorrhage internal — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Mace

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A55816

Name in Full: Emma Cornish

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Taylor's Island — County: Dorchester

Date of death: 1904 Month: Nov Day: 13 — Age: Years 18 Months Days

Sex: Female — Color or Race: African — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Alex. Cornish — Father's Birthplace: Md

Mother's Maiden Name: L. Jane Wilcox — Mother's Birthplace: Md

Name of person giving Information: John H. Wilcox — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever — How long: 2 weeks

Immediate: Pneumonia — How long: 2 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Jos. K. Shriver Jr.

Address: Taylor's Island. Md.

Accident or Suicide?

LIBRARY BUREAU A8881

Name in Full: Henriette T. Dean

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Taylors Island — County: Dorchester

Date of death: Month: Nov. — Day: 29 — Years: Age 32 — Months: 8 — Days: —

Sex: Female — Color or Race: Caucasian — Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John S. Dean — Father's Birthplace: Md.

Mother's Maiden Name: Martha E. Meekins — Mother's Birthplace: Md.

Name of person giving Information: John S. Dean — How related to deceased: Father

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: 1 years

Immediate: Exhaustion — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joz. K. Shriver Jr.

Address: Taylors Island. Md.

Accident or Suicide? —

LIBRARY BUREAU A88816

Name in Full

Certificate of Death

James Faulton Elliott

Died at Town: Elliott County: Dorchester MARYLAND

Date 189 4 Month: 11 Day: 13 | Age Y.: 14 M.: months D.: | Native of: Elliott | Occupation: none

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name: Solarance E. Elliott | Mother's Name: Lora Elliott

Cause of Death: Primary: Stomatitis | How long sick: 5 weeks

Immediate | Accident, Suicide, Homicide

100

Reported by: Lola F. Shuttlesfield

Address: Elliott Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full: John J Ero

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cambridge — County: Dorchester

Date of death: Month: Nov — Day: 20 — Years: Age 23. — Months — Days

Sex: Male — Color or Race: White — Birthplace: Austria

Occupation: Farmer — Where Residing if not at place of death: Near Cambridge Md

Married, ~~Single~~ or ~~Widowed~~ — Name or Wife or Husband: Sophy Ero.

Father's Name: Frank Ero. — Father's Birthplace: Austria

Mother's Maiden Name: Annie Kokla — Mother's Birthplace: Austria

Name of person giving Information: Frank Ero — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 5 weeks

Immediate: Exhaustion — How long: Some days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B W Glasbrook

Address: Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A6881S

Name in Full: Henry Farren

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Elwood — County: Dorchester

Date of death: Month: Nov. — Day: 21 — Year: 1904

Age: Years: 5-2 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Carpenter — Where Residing if not at place of death: Elwood

Married, ~~Single or Widowed~~ — Name of Wife or Husband: Mollie Farren (nee) Murphy

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: W. A. Colbourn — How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis — How long: One year

Immediate: Pulmonalis — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. F. Maguire M.D.

Address: Hurlock Md.

Never saw the deceased

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Wilhelmina Furrow

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Church Creek; County: Dorchester

Date of death: Month: Nov.; Day: 1904

Age: Years: 26; Months: —; Days: —

Sex: Female

Color or Race: Col.

Birthplace: Dor. Co. Md.

Occupation: Housework

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry Furrow

Father's Birthplace: Dor. Co. Md.

Mother's Maiden Name: Wilhelmina Chase

Mother's Birthplace: Dor. Co. Md.

Name of person giving information: Henry Furrow

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis

How long: 18 months

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Probably

Signature of Physician: R. L. Smithwick M.D.

Address: Church Creek, Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: George G. Graham

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Church Creek; County: Dorchester

Date of death: Month: Nov.; Day: 4th; Year: 1904; Age: 76 Months 11 Days

Sex: Male; Color or Race: White; Birthplace: Dor. Co. Md.

Occupation: Printer; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Edward Graham; Father's Birthplace: Dor. Co. Md.

Mother's Maiden Name: Elizabeth Griffith; Mother's Birthplace: Dor. Co. Md.

Name of person giving Information: Mary A. Graham; How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Hemiplegia; How long: 15 hours

Immediate: Paralysis of Muscles of respiration; How long: 1/2 to 1 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. L. Dithicum M.D.

Address: Church Creek, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66510

Name in Full: Celestia Cooper

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Vienna — County: Dorchester

Date of death: Month: Nov — Day: 27 — Years: 23 — Months: 10 — Days: 1

Sex: female — Color or Race: Black — Birthplace: Drawbridge

Occupation: Housewife — Where Residing if not at place of death:

Married, ~~Single or Widowed~~: Married — Name ~~of Wife or~~ Husband: Chas Cooper

Father's Name: Wm H Wilson — Father's Birthplace: Va.

Mother's Maiden Name: Mary Hodgson — Mother's Birthplace: Dorchester

Name of person giving Information: Chas Wilson — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever. — How long: Three Weeks

Immediate: Intestinal hemorrhage — How long: 4 8 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W P Elliott

Address: Vienna

Accident or Suicide?

LIBRARY BUREAU A6UD16

Name in Full: Raymond F. Sandford

CERTIFICATE OF DEATH

MARYLAND

Died — Town: Cambridge — County: Dorchester

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	Nov.	3	Age —	3	1

Sex: Male — Color or Race: White — Birthplace: Dor Co. Md.

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: Walter E. Sandford — Father's Birthplace: Md.

Mother's Maiden Name: Maggie M. Greenwell — Mother's Birthplace: Md.

Name of person giving Information: Walter Sandford — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: three months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Dan Little

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Amanda Light

CERTIFICATE OF DEATH

MARYLAND

Died — Town: Cambridge — County: Dorchester

Date of death	Month	Day	Years	Months	Days
1904	Nov.	29	Age 40		

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female	Color or Race: Colored	Birthplace: Md	
Occupation: Housework	Where Residing if not at place of death:		
Married, Single or Widowed: Single	Name of Wife or Husband: —		
Father's Name: Peter Light		Father's Birthplace: Dorchester Co. Md	
Mother's Maiden Name: Mary Light		Mother's Birthplace: —	
Name of person giving Information: — Seymour		How related to deceased: Brother	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility	54	How long
Immediate: —		How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. W. Harper

Address: Cambridge

Accident or Suicide?

LIBRARY BUREAU A66810

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hollands — County: Somerset

Date of death 1904 — Month: July — Day: 19

Age — Years: 80 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Va

Occupation: — Where Residing if not at place of death: Hollands Island

~~Married~~, ~~Single~~ or Widowed: Widowed — Name of Wife or Husband: Jenkins Cannon

Father's Name: — Father's Birthplace: Va

Mother's Maiden Name: Dan Murchison — Mother's Birthplace: Va

Name of person giving information: Mrs. Parks — How related to deceased: Dau in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Bronchitis — How long: 3 days

Immediate: Exhaustion — How long: 7

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Elgin Wallace

Address: Hollands Island Md

Accident or Suicide?

LIBRARY BUREAU A63516

Name in Full: Martin J. Perkins

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Cambridge County: Dorchester

Date of death: Month: Nov. Day: 12 Year: 1904

Age: Years: 56 Months: — Days: 12

Sex: Male Color or Race: white Birthplace: Baltimore

Occupation: Merchant Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: Susan K. Marshall

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Unascertain Father's Birthplace:

Mother's ~~Maiden~~ Name: Cecelia Perkins Mother's Birthplace: Ireland

Name of person giving information: How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Brights disease How long: 10 years

Immediate: Uraemic Coma How long: 16 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Guy Steele

Address: Cambridge Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Harry Polson Pritchett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Secretary — County: Dor

Date of death: Month: Nov — Day: 16 — 1904

Age: Years: 8 days — Months: — Days: 8

Sex: male — Color or Race: White — Birthplace: Secretary

Occupation: child — Where Residing if not at place of death: Secretary

Married, Single or Widowed — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles Pritchett — Father's Birthplace: Dorchester

Mother's Maiden Name: Nora Ellsworth — Mother's Birthplace: Dorchester

Name of person giving information: Mrs. Betty Townsend — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intestinal obstruction 108 — How long: since birth

Immediate: Heart failure — How long: 4 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Victor E Hitch

Address: East New Market Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Edgar W. Robertson

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Cambridge (County) Dorchester

Date of death 190 — Month: Nov — Day: 9 — Years: Age 18 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Dorchester Co Md

Occupation: Clerk — Where Residing if not at place of death: Cambridge Hospital

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Jas M. Robertson — Father's Birthplace: Wicomico Md

Mother's Maiden Name: Susan L. Judson — Mother's Birthplace: New York

Name of person giving information: Mrs L. Medley — How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 3 weeks

Immediate: Visceral Hemorrhage — How long: 4 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B W Shaboroyd

Address: Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full

Certificate of Death

Mary E. Showell

Died at Town: Salem County: Dorchester MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
11	27	30			Md.	Home Wife

Date 1914

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 0

~~Husband~~ Wife of Levin Showell

Father's Name Elbert Strawbury

Mother's Maiden Name Mary Strawbury

Cause of Death: Primary Consumption — How long sick 3 years

~~Immediate~~ — ~~Accident, Suicide, Homicide~~

Reported by H. H. Fellowgley

Address E. Princess St. Undertaker.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full: Marcellus B Slacum

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cambridge — County: Dorchester

Date of death: Month: 11 — Day: April — Years: 41 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Dorchester Co Md

Occupation: Laborer — Where Residing if not at place of death:

Married or Widowed — Name of Wife or Husband: Maud H. LeCompte

Father's Name: Marcellus Ea Slacum — Father's Birthplace: Dorchester Co Md

Mother's Maiden Name: Laurie Jefferson — Mother's Birthplace: " " "

Name of person giving information: Mrs Maud H Slacum — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 16 days

Immediate: Perforation of Bowel — How long: A few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr Solon Borroughs

Address: Cambridge Md

Accident or Suicide?

LIBRARY BUREAU A33513

Name in Full: Marcellus B. Slacum

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cambridge — County: Dorchester

Date of death: 1904 — Month: 11 — Day:

Age — Years: 41 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Dorchester Co.

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband: Maud [illegible] Talcomfte

Father's Name: Marcellus Slacum — Father's Birthplace: Dorchester Co.

Mother's Maiden Name: Laurie Jefferson — Mother's Birthplace: " "

Name of person giving Information: Mrs. Maud K. Slacum — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 16 days.

Immediate: Perforation of Bowells — How long: 6 or 8 hours

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: B W Goldsborough

Address: Cambridge Md.

Accident or Suicide:

LIBRARY BUREAU A68816

Name in Full: William E. Stevens

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Springdale; County: Dorchester

Date of death: Month: Nov; Day: 27; 1904

Age: Years: 65; Months: 3; Days: 27

Sex: Male

Color or Race: White

Birthplace: Dorchester

Occupation: Oysterman

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Joseph Stevens

Father's Birthplace: Dorchester

Mother's Maiden Name: Mariah Selby

Mother's Birthplace: Somerset

Name of person giving Information: Sam. Stevens

How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Strangulation Accd

How long: 2 days

Immediate: Paralysis Accd

How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Victor D. Fitchett

Address: Cor. New Market. Dorchester

Accident or Suicide?

LIBRARY BUREAU A66618

Name in Full: Mary Anne Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hawkeye — County: Dor

Date of death: Month: Nov — Day: 1 — Year: 1904

Age: Years: 60 — Months: 3 — Days: 13

Sex: female — Color or Race: colored — Birthplace: Dor. Co.

Occupation: House work — Where Residing if not at place of death: at home

Married, Single or Widowed: married — Name of Wife or Husband: J. W. Thomas

Father's Name: ——— — Father's Birthplace: Dor Co

Mother's Maiden Name: ——— — Mother's Birthplace: Dor Co

Name of person giving In formation: Mary Jenkins — How related to deceased: sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Parenchymatous Nephritis — How long: 3 years

Immediate: Dyspnea — How long: ———

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Edw L Jones

Address: E. N. Market Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Rebecca Todd

CERTIFICATE OF DEATH

MARYLAND

Died at: Toddsville — Town: [illegible] — County: Dorchester

Date of death: 1904 — Month: November — Day: 7 — Age: Years 1 — Months 2 — Days 4

Sex: [illegible] — Color or Race: White — Birthplace: Toddsville

Occupation: [illegible] — Where Residing if not at place of death: [illegible]

Married, Single or Widowed: [illegible] — Name of Wife or Husband: [illegible]

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Sidney Todd — Father's Birthplace: Toddsville

Mother's Maiden Name: Percy Robinson — Mother's Birthplace: "

Name of person giving Imformation: [illegible] — How related to deceased: [illegible]

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Cerebral Meningitis — How long: [illegible]

Immediate: Apnoea and asthenia — How long: [illegible]

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. H. Conaway M.D.

Address: [illegible]

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Reily Travers

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Madison; County: Dorchester

Date of death 1904: Month: Nov.; Day: 6th.; Age: Years: 26; Months; Days

Sex: Male; Color or Race: White; Birthplace: Madison

Married, Single or Widowed: Married; Occupation: Laborer

Name of Wife or Husband: Minnie Travers

Father's Name: Samuel Travers; Father's Birthplace: Dor. Co. Md

Mother's Maiden Name: Matilda Travers; Mother's Birthplace: Madison Md

Name of person giving information: J.B. Wheeler; How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: about 6 months

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B. L. Smith M.D.

So far as I know

Address: Madison, Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Susan Martha Travers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Taylors Island; County: Dorchester

Date of death: Month: November; Day: 28; 1904

Age: Years: 67; Months: 2; Days: 14

Sex: Female

Color or Race: African

Birthplace: Md —

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Widowed

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Unknown

Father's Birthplace:

Mother's Maiden Name: Unknown

Mother's Birthplace:

Name of person giving Information: Frank Travers

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 2 yrs.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos. K. Shriver. Jr.

Address: Taylors Isl. Dr. Co. Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: James Walter Travis

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Cambridge — County: Dorchester

Date of death: Month: Nov. — Day: 16 — 1904

Age: Years: 70 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single or Widowed: Widower — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: — — Mother's Birthplace:

Name of person giving information: Carl Travis — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Endocarditis — How long: —

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E E Wolff

Address: Cambridge, Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Hester A. Vincent

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Vienna; County: Dorchester

Date of death: Month: 1904 Nov.; Day: 30

Age: Years: 68; Months: —; Days: —

Sex: Female

Color or Race: white

Birthplace: Wicomico Co.

Occupation: Housekeeper

Where Residing if not at place of death: —

Married, Single or ~~Widowed~~

Name of Wife or Husband: Thos. Vincent

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Don't Know

Father's Birthplace: —

Mother's Maiden Name: Don't Know

Mother's Birthplace: Don't Know

Name of person giving Information: Thos. S. Vincent

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: acute indigestion

How long: 36 hours

Immediate: inflamation

How long: 36 hours

1904

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. J. Price

Address: Vienna

Accident or Suicide?

LIBRARY BUREAU A&B318

Name in Full: Ira H. Woolen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Madison — County: Dorchester

Date of death 1904: Month: Nov — Day: 20th

Age: Years: 10 — Months: 9 — Days:

Sex: Male — Color or Race: White — Birthplace: Madison, Md.

Married, Single or Widowed — Occupation: None

Name of Wife or Husband: +

Father's Name: John B. Woolen — Father's Birthplace: Madison, Md

Mother's Maiden Name: Lona Brasswell — Mother's Birthplace: Madison "

Name of person giving information: Myself — How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever — How long: 16 days

Immediate: Perforation of bowels & Collapse — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B. L. Smith M.D.

Address:

Accident or Suicide?

LIBRARY BUREAU A86510

Name in Full: Edith Woolford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Madison — County: Dorchester

Date of death 1904: Month: Nov. — Day: 22 — Age: Years: 31 — Months: 10 — Days:

Sex: Female — Color or Race: White — Birthplace: Madison, Md

Married, ~~Single or Widowed~~: Married — Occupation: Housewife

Name of ~~Wife or~~ Husband: Alonzo Woolford

Father's Name: Ezekiel Jones — Father's Birthplace: Madison, Md

Mother's Maiden Name: Elizabeth Fegon — Mother's Birthplace: Madison "

Name of person giving information: Alonzo Woolford — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis of bowels — How long: Cant Say

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B. L. Smith M.D.

Address: Madison, Md.

Accident or Suicide?

LIBRARY BUREAU Assoc'n